EVALUATOR (Name and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
	
DECLARATION OF COURT-CONNECTED CHILD CUSTODY EVALUATOR REGARDING QUALIFICATIONS	
1. I, (name): , declare that if I a	appeared in court and were sworn, I would testify
to the truth of the facts in this declaration.	
2. As of (date): , I am a court-conn	ected child custody evaluator for the above court.
3. I have satisfied all of the domestic violence training requirements for a court-connected child custody evaluator set forth in Family Code sections 1816 and 3110.5 and rule 5.230 of the California Rules of Court; and	
4. a. I have satisfied all of the education, training, and experience requirement set forth in rule 5.225(d)–(f) of the California Rules of Court; or	s for a court-connected child custody evaluator
b. I have not satisfied all of the education, training, and experience requiren evaluator set forth in rule 5.225(d)–(f) of the California Rules of Court, bu because:	
(1) I have completed at least 20 of the 40 hours of initial education and to	raining required by rule 5.225(d);
(2) I will complete the additional 20 hours of education and training required by rule 5.225(d) within 12 months of the date I began practice as a court-connected child custody evaluator;	
(3) I am in compliance with rule 5.225(f) of the California Rules of Court;	
(4) I am being supervised by a court-connected child custody evaluator who has complied with all of the applicable	
education, training, and experience requirements for court-connected child custody evaluators.	
I declare under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)